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ORIGINAL DEPARTMENT.

Communications.

THE ALLARTON or MEDIAN OPERATION FOR STONE.

BY CHARLES C. HILDRETH, M. D.,

Of Zanesville, Ohio.

The report of a case of median lithotomy in the *MEDICAL AND SURGICAL REPORTER*, January, 1866, by Dr. WALTER, of Pittsburg, suggests a few thoughts in regard to the comparative value of that operation. The distinctive features of the Allarton operation, it will be remembered, are briefly the following. The external incisions are made in the median line of the perinæum, the membranous portion of the urethra is opened immediately in front of the prostate gland, the prostatic portion of the urethra and the neck of the bladder are then dilated, instead of being cut, and the stone extracted in the usual manner. The operation is founded upon that wise provision of nature, that all the sphincter muscles of the body, with the proper care and skill, can be very freely dilated. The prostate gland, although muscular, fibrous, and glandular in structure, can yet be dilated very considerably without laceration. This is more especially true in young subjects. The mucous coat or lining of the gland is so loosely attached that it will also bear very free expansion without rupture. The concentric muscular fibres about the neck of the bladder and all other muscular structures which perform the office of sphincter to that organ, can be dilated still more readily than the prostate. In fine, the extent to which the tissues at the neck of the bladder can be dilated, make the Allarton operation worthy the careful attention of all good surgeons.

While I can readily subscribe to all Dr. WALTER has said (in the article to which I have referred) in regard to the simplicity and general applicability of the median operation, yet I can not agree with him in what he says of "its immunity from danger," and "its success in every instance, if properly chosen and skilfully performed."

I regret to say, the statistics of the operation, as performed in Europe by ALLARTON himself and other good surgeons, do not warrant so favorable an estimate of its merits. Judging from the tables referred to, the success of the median does not equal that of lithotripsy or lateral lithotomy. If successful results alone, in the hands of one or two operators, should fix the status of any operation for stone, then should the lateral operation supersede all others; for in the hands of our countryman, Dr. DUDLEY, out of 207 cases, but six proved fatal. This unparalleled success (less than three per cent.) was achieved by the lateral operation, done with PHYSICK's gorget, an instrument now almost abandoned by the profession. The value of Dr. DUDLEY's practice, however, is in a measure lost as a precedent, when we learn how very carefully he selected his cases; refusing (it is said) to cut patients in whom he suspected organic disease of the kidneys and bladder, or where constitutions were broken down by long continued suffering. MARTINEAU, a British surgeon, lost but two patients in 84 lateral operations; a success never equalled by any other operation for stone. CHESSELDEN, (who may be said to have introduced the lateral operation) lost but one in twenty.

The marked fatality of the median operation after the extraction of large stones, has, no doubt, been justly charged to laceration of the neck of the bladder and prostate, by too much violence. Dr. ERICHSEN states, in one of his lectures, that there is a ring of fibrous tissue about the neck of the bladder, which will not bear dilatation but to a limited extent, without rupture; that in adults, it is impossible to pass a stone of more than an inch and a half in diameter, without lacerating the ring, and thus opening up the pelvic fascia to urinary infiltration. Other authors state that by slow and continuous dilatation by the finger, or ARNOT's hydraulic bag, stones over an inch and a half in diameter can be safely extracted. All good modern authors agree that no one method of operating is applicable to all cases of stone.

The majority of surgical authors of the present time would perhaps sanction the following, as judicious practice. Stone in the female bladder

should be removed by the crushing or dilating process. If too large to be broken up, it should be removed by incision through the vagina and bladder, (the wound being closed immediately by sutures.) We thus avoid that disgusting disease, *stilloidum urinae*, so sure to follow incision or excessive dilatation of the neck of the bladder. In male subjects under fourteen years, the median or lateral operations should be preferred. Such operations are almost invariably successful, the mortality in skilful hands being from two to six per cent. In the adult male, the choice of an operation lies between the crushing, cutting, and dilating methods; the health of the urinary organs being considered more than the age of the patient. In cases of stone over an inch and a half in diameter, the lateral or bi-lateral operations have proved most successful, and should generally be practised.

In healthy adults, with no special lesions about the urinary organs, the stone not above the medium size, the crushing process will probably yield the best results in skilful hands. In such also, the median and lateral operations both prove very successful in the hands of some surgeons.

The median operation, in M. ALLARTON's collection of cases in 1862, gave, in adults, one death in seven. The lateral operation, in HENRY THOMPSON's tables, (same date,) gave, in adults, (510 cases,) one death in 54. Prof. FERGUSON reports one death in eight by lithotrity, and one in four by lithotomy. But as statistics of this kind cannot fix the value of the operation, it is not necessary to quote any further authorities. Excluding stones of the largest size, the median operation should be preferred to the lateral in cases of children under fourteen; in cases of calculi formed on foreign bodies introduced into the bladder; in cases of crushing where fragments cannot safely be removed by instruments; and in nearly all cases of stone below the medium size.

The advantages of the median operation may be thus expressed. The incisions are much more simple and direct. There is much less danger of hæmorrhage. The perineal artery of the bulb, and pudic arteries escape injury. The bulb itself is frequently cut, (being directly in the line of incision,) but the hæmorrhage from it is venous, and not difficult to arrest. In the median operation, we avoid the danger also of cutting the deep plexus of veins about the prostate, of opening up the pelvic fascia to urinary infiltration, of cutting too freely the neck of the bladder and capsule of the prostate, injuries often followed by inflammation, suppuration, and pyæ-

mia. After the median operation, the patient has the very decided advantage of retaining and passing his urine at will, the sphincter being intact.

Bruising, and even laceration of the prostate in the median, are not found, in practice, so serious lesions as the free opening up of the prostate and cervix by the knife. The capsule of the prostate can with great difficulty be torn entirely through by dilatation. This is often done by the knife, unintentionally, to the serious injury of the patient.

In performing the median operation, should the surgeon, from neglect of the proper dilatation, find it impossible to extract a large stone without too much violence, he can drop it and renew his dilatation, or he can perhaps crush it, or by grasping the stone in the forceps, and drawing it well into the cervix and prostate, he can pass his probe-pointed bistoury between the forceps and prostate, and, by a few gentle touches of the knife, liberate any resisting bands of cellular tissue, fascia, etc., and then, perhaps with great ease, extract the stone. A few slight incisions, made in this manner, cannot subject the patient to all the dangers of the lateral or bi-lateral operation.

The old "marian operation" (of which the median is but a modification) was abandoned on account of its extreme fatality, 50 per cent. dying after its performance. This mortality was justly chargeable to rapid and forcible dilatation, or rather laceration of the neck of the bladder and prostate by metallic instruments. The mortality of the modern median or Allarton operation is chiefly due to the same cause. I fear surgeons do not take the time requisite to safely dilate, nor use the proper means. ALLARTON and other good operators condemn the use of all metallic dilators. They advise that the finger be used alone in cases of small stones, requiring but little dilatation, and ARNOR's water or air bag, when large stones are to be extracted. Chloroform, time, patience, and soft dilating instruments cannot fail to yield better results from the median than from the lateral operation, in all cases, except perhaps those in which the largest sized calculi are found.

The median is an operation in which brilliancy of execution should never be attempted. It should never be done "against time." ALLARTON himself was willing to devote hours to it, instead of minutes, if found necessary to secure safe and efficient dilatation.

A few cases in illustration of the variety of subjects in which the median operation can be safely performed, and I have done.

Case 1st. Child of Wm. McFarland, of Coshocton county, Ohio; three years old; male; had shown symptoms of stone for six months; has prolapsus ani from constant straining to expel urine; stone readily detected by sounding. Allarton operation performed September 10th, 1860. Present, Drs. CASS and ELLIS, of Dresden. After a little dilatation of the neck of the bladder by the finger, three small calculi were removed by the forceps. As the whole mucous coat of the bladder was in reach of the finger, I was perfectly certain at the conclusion of the operation, that no more stones remained. The child recovered promptly from the operation. The tendency to the formation of stone, however, continued. Several small calculi during the next six months came down from the kidneys, and passed the urethra. One of them lodging in the urethra, required a slight incision for its removal. The urine being phosphatic, the child was put upon a course of mineral acids, vegetable tonics, etc. This treatment appears to have permanently arrested the predisposition to calculous formations. The child is now in perfect health.

Case 2d. Mr. R. Humphry, residing near Roseville, has had symptoms of stone for two years; age 65. Constitution broken down by continued suffering; is thin, pale and feeble. Median operation performed June 10th, 1864. Present, Drs. BELL, McELROY, and CONN. The membranous portion of the urethra was very readily opened; the prostatic portion and cervix yielded easily to the finger and forceps. Two calculi were removed by the forceps, without difficulty; the larger of which measured nearly three inches in circumference.

No unpleasant symptoms followed. The day after the operation, he passed urine by the urethra. At the end of a week he seemed so well, that his friends persuaded him to return to his farm in the country, about two miles from Zanesville. To this date he has had no further symptoms of stone.

Case 3d. Benjamin Walters, residing near Zanesville, has had symptoms of stone for the last seven years. He is a very large, healthy-looking man; age 75; height, six feet two inches; weight, 250 pounds. Median operation performed January 30th, 1866. Present, Drs. BELL, McELROY, and JENNINGS. Owing to the great depth of the perineum, the incision required to be made with more caution than usual. The membranous portion of the urethra was opened, the prostatic and cervix were dilated by the finger and forceps; the stone caught in the largest-sized forceps, and an attempt made to extract. On ac-

count of the large size of the stone, this was found impossible, without too much violence. After one or two efforts to further dilate, and an unsuccessful effort to crush, the stone was fairly caught in the large forceps, drawn well down into the cervix and prostate, and there held, while the probe-pointed bistoury was used to liberate (by slight incisions) several resisting bands of cellular tissue, fascia, etc. A little further effort then sufficed to extract the stone. The forceps was again introduced, and another stone of nearly the same dimensions easily removed. The great depth of the perineum entirely prevented the introduction of the finger into the bladder. It was, however, carefully explored by the proper instruments, but no more foreign bodies found.

Venous blood was lost freely during this operation. This, however, was promptly arrested by the liberal use of cold water. The calculi, (phosphate of lime and magnesia,) were of the following dimensions: The larger, in circumference, long axis, four inches; short axis, three and a half. The smaller, long axis, four inches; short axis, three and a quarter.

This patient recovered in the course of two or three weeks, without any serious complications. His urine was under the control of the will, but his bladder for a few days was quite irritable, requiring the usual remedies. The wound was kept clean by injections, and soft, by the liberal use of simple cerate.

He began to pass water by the urethra in less than a week. The external incisions healed in the usual time, and he is now entirely free from all symptoms of stone.

Had the requisite time been devoted to dilatation in this case, and the hydraulic bag been used as directed by ALLARTON, the larger-sized stone could no doubt have been safely extracted, without any departure from the true median operation.

Emboli.—Heart Clots.

At a recent meeting of the Harveian Society of London, Dr. STEWART, as reported in the *Press*, described the various forms of fibrinous clots or concretions found in the heart after death. The proofs of a *post-mortem* clot, or polypus, according to Dr. RICHARDSON, are its position upon the upper surface of a red coagulum, and its being easily washed away by a stream of water.

An *ante-mortem* clot is characterized, 1st, by its filling a cavity; 2d, its being grooved externally by a current of blood, or bared by a current through its centre; 3d, its being firmly adherent by a mechanical or organic tie to the walls of the heart or vessel; 4th, its structure being laminated, or containing in its centre broken up fibrine; 5th, its being deeply indented by the surrounding structures.

LABOR RETARDED BY HOUR-GLASS CONTRACTION.

By H. G. DAVIS, M. D.,

Of Latta's, Ohio.

I was called to see Mrs. M., æt. 38, in what I learned to be her sixth confinement. Mrs. M. is a remarkably large woman. On examination, I found the head presenting favorably, the os uteri dilated sufficient to lead me to believe the labor would soon terminate. Pains regular and good. After watching the case for three hours, I was astonished that no progress was made, there being perfect dilation of the os uteri. The liquor amnii having escaped, I made a thorough examination. The vagina very large and soft. Everything seemed to favor a speedy delivery. Having always believed that "meddlesome midwifery is bad," and the pains being sufficient, I saw no need of interference. Six hours I thus waited, and there was positively no advancement. I now determined to give ergot. This was followed by most severe pain in the umbilical region, (of which she had complained some before.) So severe was this, that I found it necessary to cease giving the ergot.

Her mother and the friends now became much alarmed, informing me that her sister had died, some three years before, under the care of a respectable physician. I proposed using forceps, which neither the patient nor friends would consent to, all believing that she must die.

I now determined to introduce my hand into the womb, and if possible, learn what prevented the escape of the child. There seemed to be room for the passage of a very large child through the pelvis without difficulty. I introduced my hand along the body of the child until I came to about the centre of the womb. Here I found a contraction, as if a strong rope had been tightly drawn around it, embracing the child near the umbilicus. Here was the cause of all the delay.

I at once resolved, by introducing the hand, to overcome this singular contraction. I found it most difficult, however. The contraction was so firm, it was only by faithful perseverance that I at last succeeded with it—first, the fingers, then the hand. Beneath those unyielding fibres considerable quantities of liquor amnii escaped, as space would permit. The distressing misery, of which she complained so much, in the region of the fundus uteri, began to yield. After retaining my hand in this position until the corded band seemed obliterated, I then quietly withdrew it, and was much gratified to see a fine living male child expelled in a few minutes. The mo-

ther and child both did well. Although Mrs. M. removed from this immediate neighborhood, I have attended her in one confinement since, which labor was natural and easy.

LIGATION OF THE COMMON CAROTID.

By SAMUEL PAGE, M. D.,

Of Jackson, California.

II. Sharron was for several months a subject of an aneurism of the right carotid artery at its bifurcation. The tumor having increased so much of late life was imperilled. On the 12th of February, 1865, he was seen by Dr. SAMUEL PAGE, who referred him to Drs. WILLIAM SHARP, COOK, and MILLS. All agreed that the carotid artery must be tied, and that it should be done as soon as possible, as the tongue was already paralyzed from the pressure of the aneurism and there was danger of its being ruptured at any moment. February 14th, Mr. Sharron was brought under the influence of chloroform and was operated on by Dr. S. PAGE, assisted by Drs. WILLIAM SHARP, COOK, and MILLS. An incision about three inches in length was made on the right side of the neck, extending from the external to the anterior jugular veins, dividing the skin; the superficial fascia, and platysma muscle were divided, leaving a cross vein isolated. The anterior edge of the sterno-mastoid muscle was exposed and an incision down its anterior border, through the deep fascia, was made (which was carefully cut through on the director). A small twig of the superior thyroid artery was divided, but torsion soon closed it. The sheath of the carotid artery being exposed, it was pinched up by the forceps and perforated with the spearpoint bistoury and it was divided a short distance, and the internal jugular vein and vagus nerve and sterno-mastoid muscle were drawn aside with a retractor and the artery was secured, where the omohyoid muscle crosses it, by passing the ligating needle under it from the outside inward. Before the ligature was drawn it was examined closely, to be sure that nothing but the artery was included. The ligature was drawn tight, and it was found that the tumor became flaccid, as the blood was entirely cut off from it, but there was an impulse given to it through the medium of the vertebral artery which was compelled to perform a double office to supply the brain with the blood which was cut off by tying the carotid. After the ligature was properly adjusted, the wound was brought together and dressed. The patient was then placed upon his bed and he came out from under the influence of chloroform without any untoward symptoms. He was

watched day and night. The remedial means needed have been employed.

"On the 19th day, an attempt to remove the ligature parted it, leaving the portion around the artery within. The fluids had caused a decay of the fiber of the silk. The wound healed in about one month. About the second month an ulceration occurred at the side of the ligature, but it healed in a short time. It is thought that the rest of the ligature was absorbed. We did not use silver wire, as it was not convenient to get and the operation could not be delayed. Patient is now as well as ever in his life.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
April 4, 1866. }

MEDICAL CLINIC OF DR. DA COSTA.

Reported by Dr. Napheys.

Diphtheritic Paralysis.

Joseph B., æt. 24. He was affected with diphtheria on the 1st of January last, which, with the sore-throat remaining after it, lasted for six weeks, during all of which time he had difficulty in swallowing. About a week after he was first seized, he noticed that when he attempted to swallow liquids, they passed through his nose; yet he says that his speech was not impaired. He observed, in the beginning of February, that he could not walk well, his legs seeming very weak and numb, and the feeling of numbness was not confined to the lower extremities, but involved the fingers also. The power of sensation became somewhat impaired, and the numbness persisted.

Since he has been under treatment, which is about a week, and from his own statement, even prior to this, there has been an improvement in his condition. He walks better, the numbness is disappearing, and there does not now seem to be any loss of tactile sensation, though a certain cutaneous anæsthesia still existed at the time of his admission into the hospital.

This case presents an approach to, though not a full development of that peculiar affection which is noticed, at times, after diphtheria, in a much more marked form, called diphtheritic paralysis. It reaches sometimes such a degree as to confine the patients to their beds. Then, again, it may remain for a long time localized. The sense of tact merely may be impaired, there being a most perfect power of motion. It is not often a complete paralysis of sensation or of motion, and still more rarely of both.

A frequent forerunner of the palsy of the extremities is a local affection of the muscles of deglutition, as shown by the inability to swallow with readiness, and the rejection even of fluids through the nose. In some of these cases there is co-existing albuminuria.

The man now presents no signs of any internal disease. His appetite is good, his tongue clean,

his bowels regular, and he passes about the normal quantity of water. He is convalescing from the disease.

Diphtheritic paralysis is of a functional character. The poison of diphtheria acts by enfeebling the nervous system, and the co-existing altered impoverished condition of the blood—shown often by blowing sounds in the heart and the veins of the neck—produces a general depressing effect. It is because the palsy is not due to any structural lesion that most of these cases recover; and that rather speedily, though gradually.

The best remedies are small doses of strychnia or ignatia amara, quinine or the sulphate of cinchonia, and above all, the tincture of the chloride of iron, for chalybeates seem to be especially indicated. Good results may be obtained from the local tonic effect of mild galvanic currents—faradization over the muscles which seem to be most affected. In this case such treatment would be unnecessary. This man has good food, goes into the open air, is put in the best hygienic condition, and is taking one quarter of a grain of extract of nux vomica with a grain of the sulphate of cinchonia, in a pill, three times a day, and twenty drops of the tincture of the chloride of iron after meals.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Subject for Discussion:—Puerperal Fever.

Dr. GEORGE HAMILTON opened the discussion as follows:

If there be one disease, in the wide circle of those to which mankind is subject, that more than any other demands our most thoughtful attention and earnest effort for its prevention and cure, it is that for whose discussion we have this evening assembled, viz., *Puerperal Fever*.

Not, indeed, that this affection, in the number of its victims, holds any remarkable prominence in the bills of mortality, but, rather, in view of its excessive fatality in proportion to the number attacked, and, more particularly, in reference to the peculiar objects of these attacks, and the trying circumstances under which they occur. The entrance of the grim messenger Death, into the chamber of sickness, is always most sad and solemn; but what language shall fitly portray the agony,—the dismay of that household, whose members, but a few days, perhaps not very many hours before, were filled with rejoicing, that a man was born into the world, when the appalling truth suddenly becomes manifest, that the mother,—she, to whom the new being owes its existence,—she, whose own heart was, above all others, filled with joy and gladness, that she had

safely given birth to her babe, was, herself, about to become, or had just become, the victim of a most relentless malady. In this point of view, then, our subject becomes doubly interesting, and, especially demands, amid the various, and, too often discordant views that have been held in relation to the nature, causes, and treatment of puerperal fever, that we bring to its consideration a mind untrammelled by authority, and disposed only to seek for the truth wherever it may be found.

It will not be expected, on the present occasion, that time should be occupied with a detailed account of the symptoms, or general history of puerperal fever; for, did the short space usually allotted to introductory observations admit of this, it would be quite uncalled for in the presence of an assemblage constituted as this is. The remarks about to be offered, as preliminary to the main object of our meeting together on this occasion, will, therefore, be of a general character, and directed, chiefly, to a few of the more important points in reference to the disease in question.

Puerperal fever is the most frequently fatal of all puerperal conditions, and is thought to occasion more deaths than all other diseases of the puerperal state together; and hence it is justly regarded as the scourge and dread of child-bed.

Various names have been given to the disease; such as metritis puerperalis, metrophlebitis, peritonitis puerperalis, and a number of others,—indicative, generally, of inflammation of one or more organs, or parts of organs, or tissues of the uterine system. The propriety of some of these, and other synonyms, may well be doubted, as it seems scarcely possible, when the disease is fully developed, that it could be so circumscribed in its action as these names would seem to indicate. The objection has also been urged by some writers, that terms, pointing, in their signification, to local inflammation as the origin and essence of the disease, create an erroneous impression as regards its true character; believing, as they do, that this affection, especially when it prevails epidemically, is a true idiopathic, essential fever, not depending upon such local inflammation as its cause, but having its origin in some general, wide-spread influence, of a toxical character.

Pain, in the lower part of the abdomen, with great tenderness on pressure, and high fever, occurring, generally, upon the second or third day after delivery, constitute the more striking features of that which is commonly called puerperal, or child-bed fever. The first parturition is generally thought to be more subject to these attacks

than a subsequent one, and this, though denied by some, is fully in accordance with our own observation and experience. As a rule, the earlier the attack after delivery, the greater is the danger; and when the invasion occurs, as it sometimes does, immediately after birth, it is, commonly, in first confinements, of unusual severity and duration. Should the disease pursue its course to a fatal issue, this event generally happens, in sporadic cases, between the fifth and eighth day from the period of delivery; in severe epidemics, a fatal result may happen in one or two days from the time of attack.

The diagnosis seldom presents any difficulty, as the symptoms of the disease are peculiarly striking and characteristic.

The prognosis, whenever the attack is violent, can hardly be called favorable; yet recoveries happen under apparently desperate circumstances, and hence the necessity, and duty, in such cases, of perseverance in the use of the appropriate remedial measures.

Puerperal fever varies exceedingly as to its frequency and fatality, in different seasons and localities; yet it does not, in this respect, differ from what is observed in the history of some other diseases. Among the assigned causes of a general and fatal prevalence of puerperal fever is the so-called peculiar "atmospheric constitution" of the time: but what this peculiarity consists in, has never been determined, though supposed by some to be, as before intimated, of a toxical nature. A somewhat singular, and, perhaps, significant fact is, that, during certain epidemics, many fatal cases of puerperal fever occurred in the practice of some physicians, whilst others, in the same places, and equally engaged, met with few or no such cases. Less difficulty exists in explanation of the frightful mortality of the disease in particular localities, as in hospitals, where infection, undoubtedly contagious, probably exerts its full power. What has been noticed in such situations, with other apparently corroborative evidence, drawn from private practice, has led many to regard the disease as erysipelatous in its character. Of the more obvious exciting causes of puerperal fever, a very severe and protracted labor, such as is apt to occur in a first accouchement, has been regarded as one of the principal; and the correctness of this opinion can scarcely be doubted, when we call to mind that the contractile power exerted by the uterus, during labor, has, in some cases, been sufficient to rupture its own substance. Excruciating and persistent after-pains, whether from the efforts of the uterus to return to its normal size and con-

dition, or for the expulsion of portions of the placenta adherent, or, if not adherent, retained by irregular contraction of the uterus, or coagula, similarly retained, may likewise prove an exciting cause of inflammation and fever. The violence sometimes necessarily inflicted in artificial delivery, and the frequent and unguarded introduction of the hand into the cavity of the uterus, for whatever purpose, may, likewise, be admitted as exciting causes. Hæmorrhage, when excessive, is also recognized by some writers as another exciting cause of puerperal fever, yet denied by others, who are disposed to regard the rude manual efforts, and the sudden application of cold, often resorted to, in such cases, to arrest the hæmorrhage, as the real causes of inflammation and fever subsequent to flooding. This may in some instances be true, yet, we are inclined to think that hæmorrhage occurring under such circumstances may, by reason of the violent reaction that often succeeds excessive loss of blood, prove an exciting cause, whenever the other conditions favoring an attack are present. Exposure to cold is one of the most commonly assigned causes of puerperal fever; and, where any predisposition to an attack exists, may, by leading to chill, develop an attack of the disease.

Strong moral impressions, especially those of a depressing or terrifying character, have long been noticed as exerting a baleful influence upon the puerperal woman; and, in times of severe epidemics, many remarkable proofs of the influence of such impressions have been afforded. Fortunately, these exciting causes are often, in themselves, not sufficient to develop a very high or dangerous grade of puerperal inflammation, as is manifest in the fact that the puerperal woman is constantly exposed to some of these influences, and yet, generally, escapes with impunity, or suffers but a moderate attack of inflammation and fever. In a large majority of cases of puerperal fever, no satisfactory obvious causes whatever can be discovered.

On *post-mortem* examination the anatomical changes are generally found to be numerous, and often different in character; yet the evidences of previous inflammation of the uterus, or its appendages and connections, are generally very striking and decided. The bulk of the uterus is greater than natural, for the time; its vessels may be engorged, or its tissue softened, or ulcerated, and infiltrated with pus; the internal surface is sometimes gangrenous in spots, or presents the appearance of diphtheritic patches. The peritoneum is nearly always more or less reddened, thickened, or ulcerated throughout, or upon a

limited portion, bordering upon, or within the pelvic region. Effusions of serous, or sero-purulent fluid, mixed with flakes of lymph, are found in moderate or very large amount, and adhesions, of greater or less firmness, may be present, or entirely wanting. The substance of the ovaries may exhibit the same changes as those found in the uterus, and deposits of pus are liable to occur within the folds of the broad ligaments, or in other localities, amid the cellular substance exterior to the peritoneum. Evidence of phlebitis of the uterus is sometimes seen in the existence of pus within the uterine veins, and in such cases, deposits of purulent matter may at times be found in nearly every organ of the pelvic, abdominal, or thoracic cavities, or even in the joints and muscular tissue. These are the usual appearances observed on *post-mortem* examination; yet it must be stated, that cases are recorded in which no decided evidences of previous inflammation could be found, and this has generally happened in epidemic seasons, when the disease was of a typhoid character, *ab initio*, and proved fatal in a very short time.

The brief and imperfect statement of the usual *post-mortem* appearances just given, serves to show that we have under consideration a disease of no ordinary kind, and little will be risked in asserting that scarcely any other malady to which woman is subject, presents lesions so terrible in character, or so wide-spread and sudden in development, as that which now engages our attention.

But what is the actual nature of puerperal fever? If reference be made to the various names given to the disease, it will readily be perceived that inflammation of some portion or other of the uterine system, or its connections, must have been the leading idea in the minds of the writers by whom these terms were applied. But, as has been stated, fatal cases of child-bed fever are reported where no signs of inflammation were visible; or rather, where the traces of such condition were deemed too slight to be accepted as a sufficient cause of death. It has also been stated, that when evidence of previous uterine and peritoneal inflammation after parturition are found, they differ much in character from what is seen in genuine peritonitis in the non-*puerperal* state; in presenting less vascular injection, more abundant effusions, but less plastic in quality, as is shown in the fact that adhesions, if they exist at all, are more rarely met with, and are less firm in consistence. Again, it is alleged that the frequency of pyæmia in puerperal fever, and the rapidity with which many cases

terminated fatally, are strongly in contrast with what is generally observed in cases of ordinary peritonitis, and should be accepted as indicative of a more general agency than that of local inflammation.

Considerations arising from this view of the subject, and others of a correlative nature, have led many writers of note to deny that inflammation of the uterus, and its connections, occurring in child-bed, is the primary and essential condition of disease; but on the contrary, such inflammation, with its peculiar concomitants, must be referred to some pre-existent abnormal state of the general system, showing itself, first, in fever, and subsequently, in a majority of cases, in inflammation, as its secondary manifestation. Some of the writers who have espoused this view of the subject, have adduced instances in which virgins and males are said to have experienced attacks of puerperal fever, leaving, as they suppose, no doubt whatever, that the disease is to be placed in the list of primary, essential fevers, and is in no degree dependent upon local inflammation as its cause,—contrary to what is more generally believed. In further support of this view of the subject, it is said that peritonitis requires a number of days before a fatal issue takes place, whilst, in puerperal fever, death may ensue in twenty-four hours. A want of correlation in symptoms during life, and the post-mortem appearances of one disease as compared with the other have also been noticed. Cases are reported in which neither pain, nor tenderness on pressure existed, and yet post-mortem examination revealed signs of previous inflammation; whilst in other instances, much sensibility on pressure was manifested; and on examination after death, scarcely any evidence of previous inflammation could be detected.

[To be continued.]

PATHOLOGICAL SOCIETY OF NEW YORK.

Fracture of Thyroid and Cricoid Cartilages.

At the last meeting of the Society, among other specimens presented, was one by Prof. HAMILTON, of fracture of the thyroid and cricoid cartilages, taken from a man who had received a violent blow across the neck, and who had died in two or three hours after the receipt of the injury, under symptoms of severe dyspnoea. The specimen had been sent to Dr. H. by Dr. ELLIS, of ——. The post-mortem examination revealed extensive infiltration of blood under the mucous membrane of the larynx and trachea. The larynx was nearly closed by infiltration of blood and serum, just below the right ventricle,

and there was similar effusion below the glottis. Tracheotomy, which might, perhaps, have saved life, was not resorted to. The patient died of suffocation. The cases of fracture of both the thyroid and cricoid cartilages are not very numerous.

EDITORIAL DEPARTMENT.

Periscope.

Poisoning by Cyanide of Potassium; Recovery.

A correspondent, "W." of the *Boston Med. and Surg. Journal*, communicates a case of poisoning by cyanide of potassium. The patient, a strong healthy man, employed in a machine shop, had taken about three teaspoonfuls of the following solution used for electroplating:—water one gallon, cyanide of potassium one pound, chloride of silver one ounce—making the quantity of cyanide swallowed about twenty-three grains. In the course of two minutes he became senseless. An emetic of sulphate of zinc had operated partially just before his entrance into the Massachusetts General Hospital, about 35 minutes after taking the poison.

When brought to the hospital he was perfectly insensible, respiration slow and rather labored; pupils dilated and fixed; eyes open and protruding conjunctiva slightly injected; face and neck congested and livid, veins very prominent; skin on head hot; temperature of extremities normal; pulse full, bounding, regular and rapid. Lies immovable and relaxed on the table.

Stomach pump applied and a solution of salt and water thrown in, the patient being supposed to have taken nitrate of silver. This was soon withdrawn, the stomach washed out thoroughly with warm water and about eight ounces of a solution of ammonia and water (seven drops to one ounce) was thrown into the stomach and allowed to remain, while the vapor of ammonia was applied freely to the nostrils. During this operation convulsive movements of the arms and legs occurred, followed by rigidity; some tendency to opisthotonos. Pupils greatly contracted and fixed; pulse very feeble. Paroxysm lasted about one minute. Cold applications were now made to the head, the patient left quiet,—ammonia occasionally applied to nostrils.

From this time he began slowly to revive. After a time the face assumed a natural appearance, pupils resumed their normal size, and pulse began to fall. By evening he had almost completely recovered from the effects of the poison. Feeling of lightness about head; and some headache continued. Throat a little sore no pain in bowels or epigastrium. Next morning ate a light breakfast, having slept soundly during the night. Feeling perfectly well, he was discharged.

This is a remarkable case of recovery, after the introduction of so large a quantity of the poison.

Bromide of Potassium in Nervous Diseases.

Professor BROWN-SÉQUARD in his lectures on nervous affections published in the *Lancet*, has some interesting remarks on bromide of potassium. The principal features of distinction between this remedy and iodide of potassium, are, that while the former is useless against the syphilis, it has a power of inducing sleep, of producing amblyopia and deafness, and of diminishing the sensibility of the fauces, the urethra, the conjunctiva, and sometimes of all parts of the skin—a power which the iodide of potassium does not possess. SIR CHARLES LOCOCK discovered the usefulness of the bromide of potassium against epilepsy; he considered it as being useful in those cases where the affection is due to disturbances in the functions of the female genital organs. Dr. C. B. RADCLIFFE employed it against all forms of epilepsy, but like other physicians, as Dr. BROWN-SÉQUARD thinks, in not large enough doses. Dr. RAMSKILL and BROWN-SÉQUARD having tried the remedy in doses of ten or twelve grains three times a day, found that the dose ought to be raised to twenty grains or more three times a day; the beneficial effects of that dose in epilepsy soon became quite manifest. In France still larger doses have recently been employed, but more than one case of death has taken place which seems to have been caused by the bromide of potassium. The worst effect which the author has seen from a prolonged use of this remedy (for one or two years, with hardly an interruption), at an average dose of three scruples a day, was some sleepiness and dullness of intellect, (in a great measure due to the nervous complaint,) and feeling of fatigue.

Besides its great usefulness in epilepsy, bromide of potassium is extremely valuable against nocturnal incontinence of urine, against seminal losses, against dysmenorrhœa, satyriasis, nymphomania, and several nervous affections coexisting with congestion of the base of the brain, or of the spinal cord. The author has also ascertained that the usefulness of this remedy in epilepsy and in other nervous complaints, particularly when allied with or due to the congestion just spoken of, is notably increased by the addition of a dose of three or four grains of iodide of potassium to each dose of the bromide.

Creasote in Diphtheria.

Dr. J. J. KNORR, of Griffin, Georgia, reports in the *Atlanta Med. and Surg. Journal*, that during an alarming prevalence of diphtheria, as a sequel to small-pox, in Longstreet's Corps in 1863, he used the following formula locally to the parts affected, with good results.

R. Creasote,	f.ʒij.
Aque font.,	f.ʒij.
Pulv. acacia,	q. s.

A sponge, saturated with the creasote thus suspended in mucilage, was applied to the parts where the pseudo-membranous exudations were exhibited, early in the afternoon. In a few hours, another application was made, and without further treatment, all the more violent symptoms disappeared during the night. Dr. K., since his return from the army, has adopted the

same treatment in several decidedly diphtheritic cases with much benefit.

Functional Nervous Affections.

Dr. C. E. BROWN-SÉQUARD publishes in the *London Lancet* Lectures on Functional Nervous Diseases, which contain a good deal of interesting matter, and some new.

Of the mechanical and physical means of treatment, he says that they are too generally neglected, although of great value. Among these he enumerates:

I. Means of increasing the quantity of blood in peripheric parts of the body. In all cases of diminution of size and density in muscles attacked with reflex paralysis, lead palsy, paralysis agitans, rheumatic paralysis, or idiopathic and reflex wasting palsy, as well as in cases of anæsthesia, with diminished temperature of the skin, it is very useful to increase the quantity of blood in the paralyzed, trembling, or anæsthetic parts. The best mechanical and physical means for this purpose are:

1. When the affected part is not extensive, dry cupping with the ordinary apparatus.
2. JUNOD's boots, applied every other day, either to a whole arm or a whole lower limb, in cases where there is no œdema.
3. Leg or fore-arm baths at 104° F.
4. Covering the affected part with heated flannel or woolen stocking or sleeve.
5. Shampooing, without uncovering the part if the temperature of the room is low.
6. Friction with a hot piece of flannel only in the direction of the venous current.
7. The affected part should be kept as much as possible in a lower position than the rest of the body.

II. Means of diminishing the quantity of blood in the trunk and head without bleeding. It may be necessary to employ these means in the comatose state of certain functional nervous affections, such as epilepsy, eclampsia, delirium tremens, or in nervous disorders due to uræmia, cholestæmia, or some other kind of toxæmia. JUNOD's boot may answer the purpose. But a simple means consists in the application, on the upper part of the four limbs, of ligatures tight enough to diminish considerably the return of blood to the heart, without preventing much the arrival of blood. By so doing, a pretty large amount of blood may be imprisoned in the limbs, and all the immediate benefits of bleeding can be obtained, while the bad effects it may have only exist during the time the ligatures are kept on the limbs. The ligatures should be loosened every fifteen or twenty minutes, and applied in a new place after each loosening. To avoid the danger of a sudden return of a great deal of blood, they must be removed successively at an interval of at least a few minutes between two succeeding removals.

III. Means of increasing the amount of blood in the trunk and head, may be necessary, or at least useful, in some cases of syncope, in hysteria, in epilepsy, and in a few other neuroses due to anæmia, chlorosis, etc. In addition to laying the patient flat on his back with his limbs lifted up, the main arteries of the four limbs may be compressed with the hand, or a tourniquet near their

place of issue from the trunk. Pressure on the sternum and ribs (over the heart) should be frequently repeated to excite the heart to beat. A most powerful means of exciting the heart to beat in cases of partial syncope, consists in stopping completely the breathing of the patient for one-half or two-thirds of a minute. The blood then becomes more charged with carbonic acid, and more exciting to the heart.

Ether as a Local Application.

Dr. JOHN J. BLACK, of Philadelphia, communicates an article to the *Amer. Jour. Med. Sciences*, in which he speaks favorably of the local application of ether in *aphthæ* and other diseases of the mucous membrane of the mouth and adjacent parts, where the deposits, according to WORMS, are of a non-fatty nature. In *aphthæ*, a camel's hair brush is dipped in ether and applied freely over the parts; a little smarting at first is soon followed by relief.

In "*thrush*," its results have been most pleasing among the many badly-nourished children of the Philadelphia Hospital, (Blockley.) Its application was in the same manner as in *aphthæ*. At first it produced, or seemed to produce a slight difficulty in inspiration, which was soon relieved by a hearty cry of the infant. In no case was it followed by an unpleasant symptom. The deposit was not immediately dissolved, but seemed to disappear gradually, and in most cases, after twenty-four hours there was none whatever to be seen, and the one application completed the cure, (at least the local cure.) In no case were more than two applications necessary to result in cure. In no case was there the slightest return of the complaint. In from three to four days, the mucous membranes became perfectly normal. Between twenty and thirty cases were thus treated, and after the disappearance of the thrush, they improved wonderfully. These results tend to strengthen the idea that thrush is a local disease confined to the mouth, or at least that this part only causes inconvenience, and the constitutional troubles, as it were, radiate from that centre.

It has also been tested in three cases of "ulcero-membranous stomatitis." One, supervening upon pleurisy, died with extensive sloughing of the parts of the jaw involved. Another recovered without any serious trouble, and seemed to have been greatly benefitted by the ether. The third case, in which the parts were apparently in a gangrenous condition, particularly confined, however, to the gums, without seriously involving the cheeks, also recovered. Of course, tonics and stimulants were used to the fullest extent with the local treatment.

Dr. B. also suggests its use in herpes preputialis, eczema, psoriasis, etc. Dr. CHARLES E. SMITH, JR., at his suggestion, has used ether locally in cases of chronic ulcer, with good results. In chronic ulcers, in which there is an exudation over the surface, looking like a false membrane, the ether causes it to disappear and granulations to spring up, the ulcers healing much sooner than by any other means. In indolent ulcers with raised edges, it acts very well for a time as a stimulant, but sooner commences to loose its power.

Reviews and Book Notices.

The *Ophthalmic Review*, a Quarterly Journal of Ophthalmic Surgery and Science, edited by J. ZACHARIAH LAURENCE, of London, and THOMAS WINDSOR, of Manchester. London; Robert Hardwicke, 192 Piccadilly, W. (It is sent post free to any part of the continent, for an annual subscription of 12 shillings paid in advance.)

This is a most valuable journal, and one that will be appreciated by all who devote special attention to the study and practice of ophthalmology. We have as yet only received No. 9 for April (Nos. 1 to 8 not received) which contains a store house of new and interesting original and selected material, from all parts of the world. The References and Notices by one of the editors, THOMAS WINDSOR, are very useful, and keep one posted up on all the cases of interest published during the interval between the numbers of the Review. Our readers are familiar with Mr. WINDSOR, as a polished and elegant translator of VON GRÄFE's papers on Iridectomy, Choroiditis, and Glaucoma, and published by the new Sydenham society. The London editor, J. Z. LAURENCE, is also most favourably known to the profession, by his interesting and instructive little work, *Optical Defects of the Eye*, and as surgeon to Southwark Ophthalmic Hospital. The contents of the April number are two cases of sudden Amaurosis, from Embolia of the ophthalmic artery. On modified linear extraction by Professor A. VON GRÄFE, which means the systematic combination of iridectomy, with linear extraction; this translation has been revised by GRÄFE, and is illustrated. There is an elaborate commentary on a case of stemiplegia, with amaurosis, by J. H. JACKSON; and a practical paper on the treatment of lachrymal obstruction by obliteration of the sac, and numerous other cases of more or less interest. In the review department there is a most severe and critical analysis of the defects of T. WHARTON JONES' *Treatise on the principles and practice of Ophthalmic Medicine and Surgery*. Third edition (1865.) In conclusion, the Reviewer states that the "book is utterly inaccurate and untrustworthy." It speaks of the "*Etudes Ophthalmologiques*" of Professor WECKER, as the most "complete treatise on ophthalmology that has ever issued from the press," and the extremely moderate price of the work (2s.) is not the least of its merits." There are many new and instructive cases, an abstract of which we should like to copy, but our want of space prevents for the present, but we have marked several passages which we hope to give to our readers in a future number. L. T.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 23, 1866.

SPECIAL NOTICE.

WE WISH OUR READERS TO BEAR IN MIND THAT THE FIFTEENTH VOLUME OF THE MEDICAL AND SURGICAL REPORTER BEGINS ON THE FIRST OF JULY. IT IS A SUITABLE TIME FOR NEW SUBSCRIPTIONS TO BEGIN, AND AS IT IS LIKELY THAT THERE WILL BE A LARGE ACCESSION OF NEW NAMES TO OUR LIST FROM THAT DATE, IT IS IMPORTANT THAT WE SHOULD RECEIVE THEM AS EARLY AS PRACTICABLE, THAT WE MAY KNOW HOW LARGE AN EDITION IT WILL BE NECESSARY TO PRINT.

* * LET EACH OF OUR PRESENT SUBSCRIBERS MAKE IT A POINT TO SEND US AN ADDITIONAL NEW NAME.

QUARANTINE AT CHARLESTON, S. C., etc.

We have received *General Orders*, No. 24, Headquarters, Dep't of South Carolina, dated April 3d, 1866, ordering the establishment of Quarantine at Charleston, Georgetown, and Hilton Head, South Carolina; and the Instructions for the guidance of quarantine officers, in a Circular of Brevet Lieut.-Col. and Surgeon A. K. SMITH, Medical Director of the Department. We quote from this circular as follows:

"Medical Director's Office, Dep't of South Carolina,
CHARLESTON, S. C., April 1, 1866. }

Instructions for the Guidance of Quarantine Officers.

"Vessels arriving at examining stations will be subject to quarantine regulations, as follows:

"Those from any place where quarantinable disease existed at the time of their departure, or which shall have touched at any port where such disease exists, shall be sent to the quarantine ground, and remain at least thirty days after their cargo shall have been discharged, *unless the Quarantine officer, after consultation with, and having the approval of, the Chief Medical Officer or Medical Director, shall sooner grant a permit for said vessel, or cargo, or both, to proceed.*

"Vessels arriving from ports not embraced as above, shall be subjected to examination, and if found in a clean and healthy condition, shall not be detained beyond the time necessary for them to be kept under observation; but if found in a filthy condition, or if any case of quarantinable disease shall have occurred during the passage, or shall occur during the period of observation, she shall be subject to such quarantine and regulations as the chief medical officer or medical director shall prescribe.

"If a vessel shall not have had on board, during her voyage, any case of quarantinable disease, and shall yet be found in a condition deemed dangerous to the public health, the vessel and cargo

shall be detained until the case shall have been considered by the chief medical officer of the station, who shall, however, render his decision with the least possible delay.

"Vessels in an uncleanly condition shall be considered as subject to suspicion, whether there has been sickness on board or not, and shall not be allowed pratique until the cargo shall have been broken out, and the vessel itself duly cleansed, disinfected and ventilated.

"Before admitting a vessel to pratique, the quarantine officer may enforce the following sanitary measures, if required by the medical director, or chief medical officer of the station. Bathing, and other measures for personal cleanliness, disinfecting clothing, changing position of merchandise on board, or complete breaking out of the cargo, subjection to high steam, incineration, or submersion at a distance below the surface of the water for infected articles, destruction of spoiled or tainted food or beverage, the complete ejection of bilge water; in short, the careful purification of the vessel by the use of superheated steam, fumigation, pumping, scouring and scraping, until disinfection is accomplished."

It will be seen from these extracts, and the italicized part of the second paragraph, that while the most thorough enforcement of sanitary precautions is applicable under the orders of the Department Commander, no indiscriminate and unnecessarily severe quarantine is to be feared, as the enforcement and application of the order is left entirely to the judgment of *medical men*.

THE SOCIAL EVIL.

The question, how the spread of venereal disease can be checked and diminished by sanitary supervision and police regulations, has been repeatedly discussed in our columns. The system of licensing houses of ill-fame, as practised in Paris, Berlin, and other Continental cities, has frequently been urged on this side the Atlantic, although it has as often been severely denounced on grave moral grounds. The following will explain itself:

"Headquarters, Department of South Carolina,
CHARLESTON, S. C., March 1, 1866. }

"In order to check and gradually diminish the amount of venereal disease now so prevalent among the troops in this city and immediate vicinity, and which is telling upon their effective strength, it has become necessary to adopt the most stringent sanitary measures to control this evil, so far as can possibly be done by regulation.

"The vice of prostitution is not to be considered as licensed or connived at, but its practice and consequences are to be limited and circumscribed to the smallest possible confines.

"The following regulations in regard to this matter, will be at once established:

"A competent Medical officer will be designated to attend to the following duties:

"1st. To register all houses of ill-fame in the city.

"2d. To enter in his record the exact location of such houses, the names of the keeper thereof, and the number of the inmates.

"3d. To establish a careful and minute inspection of each female inmate every three days, and to furnish no certificate of freedom from communicable disease, excepting to such as are absolutely free from such disease: this certificate must always be ready for presentation when called for.

"These are the duties of the Inspecting officer; but, to carry out perfectly the design intended by this system of inspection, it is also ordered that should any person contract venereal disease in a house regularly inspected, the keeper, or recognized manager of such house, will be liable to a fine of \$100.00, to be collected by the Provost Marshal.

"The license to be paid monthly in advance by the keeper of a house of ill fame will be \$50.00.

"The fee to be paid by the inmates for the medical examination will be \$2.00.

"And the fund so accruing will be accurately accounted for, and expended for the benefit of the Military Hospitals, and for such sanitary purposes as shall be designated by the Medical Director of the Department.

"By Command of Major-General SICKLES.

A. K. SMITH,

Surgeon and Bvt. Lt.-Col. U. S. A.,

Medical Director."

Of course, the period during which the above order has been in force, is probably not long enough to allow the collection of sufficiently numerous statistics to determine its results regarding the diminution of venereal disease in Charleston. But in due time our readers may expect the publication in the *REPORTER* of interesting data on this point. The subject is one of great interest and importance.

We believe the Metropolitan Board of Health of New York have full power, according to the statute, to enforce inspections and sanitary supervision of houses of ill-fame, and to them the question of establishing such measures recurs with great force.

THE NEW ORLEANS MEDICAL RECORD AND QUACK MEDICINES.

We have received the first two numbers of the "*New Orleans Medical Record*," a new semi-monthly journal of the medical sciences, edited by Drs. BENNET DOWLER and S. R. CHAMBERS, the latter gentleman forming, with a "Co.," the title of the proprietary firm.

We would extend to the *Record* a glad and hearty welcome, which it fully deserves, to judge from the first two numbers, regarding their contents, their style and spirit, were it not for an "unholy alliance" of the *Record*, in its advertising department, with bare-faced shameless quackery.

Thus:

"Special notice.—Important to Ladies.—Mrs. ———'s *mystic pills* are prepared only for a legitimate purpose, and are the only safe and effective medicine for all those painful and dangerous disorders to which the female constitution is subject, etc. etc."

Again:

"*Similia similibus curantur*. ———'s *Homœopathic Specifics*.—No. 1 cures *fevers*, congestion, inflammation; No. 2, *worms*, worm fever, worm colic; No. 3, *crying colic*, or teething of infants; No. 4, *diarrhœa*, of children or adults, etc. etc. etc."

Again:

"———'s *Pectoral Balsamic Syrup*, etc., in colds, coughs, asthma, bronchitis, inflammation of the throat, stomach, or bowels, spitting of blood, whooping cough, etc. etc."

The profession of New Orleans, we hope, will hold the editors, one of whom gives his name to the proprietary firm, responsible for thus openly countenancing and advocating quackery in their journal. Ordinary "newspaper morality," which admits everything into advertisement columns, will not hold good in the *MEDICAL PRESS*. The *Record* must at once expunge these and all similar advertisements, and its editors must apologize to the profession for the insult offered, or take the consequences of a most flagrant violation of professional decency and the code of ethics.

Notes and Comments.

Medical Society of the State of Pennsylvania.

The meeting of the above Society, held in Wilkesbarre, last week, was well attended, and, we learn, was in all respects a successful meeting.

A full report of the proceedings will be published in our columns next week.

Another Death from Chloroform.

is reported in the Bloomington (Ill.) *Pantagraph*, of June 1st. It says:

"Saturday forenoon, a very estimable young lady, Miss MARGARET HUGHES, aged 21 years, died from the effects of inhaling chloroform administered by Dr. C. R. PARKE. Dr. LEE ALLIN gave her chloroform last Wednesday, and extracted six or eight teeth, no disagreeable effects having been noticed. On Thursday and Friday, she taught school, and Saturday forenoon, at her urgent request, Dr. PARKE went with her to Dr. ALLIN's office, and administered the chloroform. The total quantity used was less than the average amount required in such cases. At first, but a small quantity was given, and two or three teeth or fangs were taken out, causing a little pain. A little more was then carefully given, and before Dr. A. had finished, the patient fainted. Al-

though everything was done, a galvanic battery tried, etc, she never roused, but quietly and easily sank to her rest."

Medical and Surgical History of the War.

The *Army and Navy Journal* says:

"We surely hope every encouragement, in the way of necessary appropriations, will be given to the Medical Department, to enable it to complete the proposed medical and surgical history of the war. The 'Circular No. 6,' already given out, shows the purpose and scope of what is intended, and lays out a work which promises to be the most thorough and scientific attempt to classify and make of practical use the special facts of the war, which has yet been planned. Great credit is due to our Medical Department for the patience and system which have rendered it possible to compile such a work.

"The history will not only record the triumphs of American surgery, but will always remain as one of the most valuable additions ever made to the literature of the remedial art and to the science of the statistician. The Circular seems to have received more attention abroad than it has at home; for the mass of our people are more intent on securing the fruits of the newly conquered peace than in gathering the statistics and studying the special facts of the war that is past.

"Surgeon-General BARNES cannot fail to read with pride the commendations which his plan has received from the leading medical officers of the European armies. They all await with interest, the commencement of a work which promises to give so much that is valuable for study and reference."

ERRATUM.—In Dr. BANNING's article in last number, on Uterine displacements, p. 466, first column, fifteenth line from bottom, omit the words, "about two inches," so that it will read, "my fingers passed behind, and about two inches above," etc.

Blot on Coffee.

Professor BLOT, in one of his recent lectures at Boston treated of making coffee. He said the best mixture of coffee would be in these proportions; one pound of Java, two ounces of Mocha, two ounces of Rio and two of Martinique. Roasted coffee must be kept in a tin box and ground freshly every day. It is extremely difficult to find good coffee, and it really seems as if merchants conspired to make it as bad as possible. Mons. Blot gave a few of the secrets of the trade, such as watering the coffee while roasting, that it may not lose weight, as it diminishes about sixteen per cent during this operation. Useful hints in regard to selecting and roasting were given. Coffee must never boil; by so doing it does not gain in strength, but loses the delicate aroma. The professor used four tablespoonfuls of Java, and one of Mocha to a quart of water. The water was boiled, and the coffee was moistened with the boiling water; at the second boiling of the water it was again poured upon the coffee; it was allowed to settle a few moments, and it was done. The result was a liquid as clear as spring water. Rye coffee must seldom be employed. When coffee cannot be obtained a very good substitute can be found in wheat; pound and roast and prepare like coffee.

Correspondence.

DOMESTIC.

Cholera and Quarantine.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the REPORTER of June 9th, Dr. SAYRE, of New York, says, "Dr. SNOW, of Providence, still insists in placing false assertions before the public as facts."

His grounds for this serious accusation are:

First. The statement in relation to the epidemic at Ward's Island, last fall. Dr. SAYRE insisted and still insists that the disease was not Asiatic cholera.

In an official report to the Board of Health, on Wednesday, April 25th, 1866, Drs. JAMES CRANE, JOHN O. STONE, and WILLARD PARKER, a committee of the Board, say:

"The opinion of your Committee is that the symptoms in the cases reported were characteristic and pathognomonic of epidemic Asiatic cholera."

In the same report, Dr. FORD, the Physician-in-Chief of the Hospital, is quoted as saying:

"It was my opinion, at the time, that these cases were Asiatic cholera. I so reported to the Commissioners of Emigration. It is my opinion still, and their history corresponds with my observations in all past epidemics of this disease which I have witnessed. This fact I particularly noticed, these patients had had no communication with the *Atalanta*, or cholera-patients then at quarantine."

In the same report, also, the committee quote from the "death book" of the Hospital, showing that the symptoms were those of cholera, and many of them were recorded as dying from cholera.

Such is the evidence. The profession must judge on which side the weight of evidence rests. Certainly there is sufficient proof that the disease was cholera to justify me in quoting it, and to relieve me from the accusation of "placing false assertions before the public as facts."

Second. Dr. SAYRE quotes my statement, that there had been "two cases of genuine Asiatic cholera" in New York recently, and calls it *fiction*. He quotes Dr. STEPHEN SMITH as authority that they were not Asiatic cholera.

My answer is, what is known to the whole country, that they were officially reported to the Board of Health as cases of Asiatic cholera, and the phrase, "two cases of genuine Asiatic cholera," were the words of Dr. HARRIS himself, which I have before me at this moment.

Within the past week, four or five new cases of "genuine Asiatic cholera" have been officially

reported in New York city, which had no possible connection with each other, nor with any imported cases. This is "*another fact*," proving that Asiatic cholera may originate in this country. Is Dr. SAYRE ready to call it fiction?

I have given my authority for the statements I made, which Dr. SAYRE says are false. Let the profession judge!

Let us look at one of Dr. SAYRE's statements. He says:

"As Congress has seen fit to follow the advice of these protestants, and have passed a bill, establishing a uniform system of quarantine, it would also seem that the opinion of this distinguished body is also radically different from that of Dr. SNOW."

Does Dr. SAYRE think that physicians never read the papers? Congress has passed no such bill, nor anything like it. No uniform quarantine has been established, nor has any authority been given to establish any. In fact, no *bill* has been passed upon the subject.

A joint resolution has been passed, which I have received *officially*, and which now lies before me. It reads as follows:

"Be it resolved by the Senate, etc., That the Secretary of the Treasury be, and he hereby is authorized to make and carry into effect such orders and regulations of quarantine, as, *in his opinion*, may be deemed necessary and proper, *in aid of State and municipal authorities*, to guard against the introduction of cholera," etc.

The whole resolution has been given in the REPORTER.

The Secretary of the Treasury, in his instructions to Collectors of Customs, says:

"You will, without delay, place yourselves in communication with your respective State and municipal authorities, and aid them, so far as the force under your control will permit, in executing such quarantine and health-laws and regulations *as may be established by them*, to prevent the introduction of cholera into the ports of the United States," etc.

That is a very different thing from "establishing a uniform system of quarantine." It, in fact, amounts to nothing, so far as relates to any change in the system of quarantine previously existing. I have reason to believe that this was the intention of many of those who consented to its passage.

It may be used, and probably will be, to increase and enforce the restrictions which have so long disgraced the quarantines of some of our ports; it may be used, and *we hope it will be*, to provide better accommodations for and to alleviate the sufferings of the thousands of innocent healthy persons, who are confined, without any good reason, at the quarantines of the same ports.

EDWIN M. SNOW, M. D.

Providence, June 12, 1866.

Medical and Surgical Society of Montgomery,
Alabama.

EDITOR MEDICAL AND SURGICAL REPORTER:

During a recent visit to Montgomery, the capital of Alabama, I had the gratification of meeting the members of this Society, and of spending, by invitation, a delightful evening at their elegant hall on Market street. The Society was organized in November, 1865, and is in an eminently flourishing condition; its meetings are well attended, and the discussions are generally animated, interesting, and instructive. The library comprises upward of five hundred volumes. The officers are:

Dr. W. O. BALDWIN, *President*.

" J. F. JOHNSTON, *1st Vice-President*.

" T. R. HILL, *2d Vice-President*.

" R. FRAZER MICHEL, *Corresponding Sec'y*.

" SAMUEL E. NORTON, *Recording Secretary*.

" A. A. WILSON, *Treasurer*.

" J. GODWIN SCOTT, *Librarian*.

The Society has from thirty to forty members, comprising nearly all the regular physicians of the city. The honorary members are Professor S. H. DICKSON, of Philadelphia, Professor J. C. NOTT, of Mobile, and Dr. NATHAN BOZEMAN, of New York, formerly, for a number of years, a resident of Montgomery, which has just reason to be proud of him, both as a man of high moral character and as an accomplished physician and surgeon.

The President of the Society, Dr. BALDWIN, is now, I believe, the oldest practising physician in the city, although he is still comparatively a young man. He lives in elegant style, and is a general favorite with his confrères. Among the many able and accomplished medical gentlemen with whom it was my good fortune to spend two of the five evenings of my brief sojourn at Montgomery, it would be invidious to draw any distinction; but I cannot avoid alluding here to the great pleasure it afforded me to meet with my old warm-hearted and genial friend, Dr. R. FRAZER MICHEL, whose acquaintance I had made a number of years ago, soon after my removal to this city. Like most of the other physicians of the South, he had passed through the "fiery furnace," but had lost none of the kindly feelings of his nature, or any of his affection for his Northern friends. "How did you leave DICKSON, MEIGS, DUNGLISON, HODGE, PANCOAST, WALLACE, CARSON, LEIDY," not to mention many others, were questions asked in one breath, with an expression of satisfaction of no ordinary kind, when he was told "they were well." His love and admiration for some of these men, several of whom were his

early teachers, was as cordial as it was unaffected. Dr. MICHEL, after having been for many years a resident of Charleston, South Carolina, where he annually delivered lectures on anatomy to large private classes, is now settled at Montgomery, having been stationed there, during the latter period of the war, as a conscript-surgeon. One's only regret is that he has not a more extended field for the exercise of his talents and usefulness.

Dr. W. J. HOLT is well known to the intelligent portion of the profession of this country, in connection with the Crimean War. When the war broke out, he was quietly pursuing his professional studies at Paris, but immediately offered his services to the Russian Government, and acted with great credit as surgeon until the establishment of peace.

Among the other members of the profession in Montgomery, with whom I was brought into more immediate contact, in furtherance of the object of my visit, I must not omit to mention, with respect and regard, NORTON, JACKSON, GASTON, STEEDMAN, and WEATHERLY, gentlemen of talent, position, and scientific attainments. If I do not mention others, it is either because the list is too large, or because I do not recollect their names. In short, I may conscientiously declare that it has never been my lot to meet with a body of more clever, genial, or intelligent physicians; and, although my intercourse with them was necessarily brief, I shall always remember with pride and gratification the happy hours spent in their society. My only regret was that it was not in my power to prolong my visit.

I have been induced to write this brief notice of the medical profession of Montgomery, not merely because of the kindness and hospitality so courteously extended to me personally, but because their conduct may be regarded as an evidence of good feeling toward our Northern brethren generally. There can be no "gulf" between men engaged in the same noble pursuit; medical science knows no sectional feeling, no East or West, North or South. Wherever the sun sheds its beneficent rays, there a noble brotherhood exists, acknowledging but one country, one humanity, one God.

The fee-bill of the Medical and Surgical Society of Montgomery is worthy of notice. I shall give only a few of the principal items. The ordinary visit in the city is \$4; at night, before 10 o'clock, \$5; after that hour, \$15; consultations, \$20; office prescriptions, \$2 to \$5; natural labor, in the day, \$40; at night, \$50; difficult or protracted labor, \$50 to \$100; instrumental labor,

\$100 to \$300. Setting fractures, from \$15 to \$80; reduction of dislocation of the shoulder, elbow, or knee, \$20 to \$50; of the hip, \$50 to \$100; amputation of the leg, \$75 to \$100, of the thigh, \$100 to \$200; lithotomy or lithotripsy, \$150 to \$500; trephining, \$75 to \$150; cataract, \$50 to \$100; hare-lip, \$25 to \$75; paracentesis, \$25 to \$100; gonorrhoea, \$20 to \$50; syphilis, \$30 to \$100. Medical bills are due as soon as the services are rendered, and members are advised to present them monthly.

The city of Montgomery is situated on the Alabama river, in the heart of a magnificent country, noted for the fertility of its soil, its extensive plantations, and the beauty of its scenery. The city itself has many elegant residences, the abode of wealth and refinement, and is laid out upon a scale of real grandeur, with spacious streets, lined with beautiful shade trees, among which the most prominent is the water oak, an evergreen of medium height, well proportioned and admirably adapted to the purpose, with a delicate lanceolate leaf of the greenest verdure. Everywhere the eye is greeted with shrubbery and roses, scenting the air and ravishing the senses by their beauty and variety. The cloth-of-gold and the Lamarque grow in the open air, and attain an immense size, blooming in great profusion. The petrosporum, pomegranate, and oleander are also hardy here, and attain a height altogether unknown in the colder regions of the North. Mocking-birds exist in great numbers, and regale the visitor the whole night through with their noisy and mirthful song. The Capitol of Alabama, where Jefferson Davis, at the opening of the war, took the oath of allegiance to the Confederacy, and where the first Confederate Congress met, stands upon a gentle eminence at the head of Market street, and is a neat, elegant structure, of fine architectural proportions, commanding, from its lofty dome, a beautiful view of the city, of the Alabama river, and of the country for many miles around.

After inspecting the Capitol, I had the pleasure of an introduction to his Excellency, Governor PATTON, a gentlemanly, refined, and intelligent personage, only recently inducted into office. He received me with courtly affability, and, in the course of conversation, supplied me with statistics in regard to the part played by Alabama in the late war, of so interesting a nature that I cannot forbear to mention them. They are sad and heart-rending. Upon inquiry, "How many men the State had furnished to the war?" he replied, 80,000, of whom 30,000 perished from injury and disease; upward of 10,000 are perma-

nently crippled, and there are at least 60,000 widows and orphans, with a loss of property, in men and substance, of \$500,000,000! The destitution throughout the State, he added, was very great, being at least 100,000 persons, in need of food and clothing. A few days after this interview, I noticed in the public prints a letter from Gov. PARSON to the head of the Freedman's Bureau in Alabama, setting forth these facts, and asking for rations to supply the immediate wants of the sufferers.

Finally, I may add that the ladies of Montgomery recently organized themselves into a society for the purpose of raising funds for the burial of the men who fell during the late war, and that, although money is not very abundant, they have already procured \$5000 toward that object. The Secretary of the Society is the amiable and interesting wife of one of the leading physicians of the city. Whenever anything good or noble is to be accomplished, woman is sure to lend a helping hand.

G.

Philadelphia, June 9th, 1866.

News and Miscellany.

Post Mortem Examination of the Body of Antoine Probst the Murderer.

After the execution of Probst for the murder of the Deering family, at the County Prison in this city on the 8th inst., the body was handed over to the medical profession for purposes of scientific investigation, and removed to the Jefferson Medical College, where the examination of the body was conducted on the afternoon of the 9th inst., by Dr. WM. H. PANCOAST, Demonstrator of Anatomy in the institution, assisted by the members of his anatomical staff, Drs. JAS. TAYLOR, E. R. HUTCHINS and F. H. ANDREWS.

The following account was prepared by Drs. HUTCHINS and TAYLOR for the daily papers of this city:

The body was brought in and set on a chair, and first by aid of a lamp, and then by the electric spark, the eye was examined by Drs. DYER and PANCOAST with the ophthalmoscope, for the sake of testing the popular doctrine now prevalent, respecting the impression of the image of the last object seen during life remaining on the retina. The result of these experiments went to completely dispel this doctrine. The structures of the eye were then examined, and it was found that the only injury sustained by the eye, was rupture of the capsule of the lens, caused by the fall. The pupil did not contract under the influence of the galvanic battery.

The battery which was used was more powerful than was ever before experimented with on such an occasion.

The poles of this powerful battery, the superb action of which, Professor RAND personally superintended, were now applied to various muscles of the face, and each and every one responded to the current, as the keys of a musical instrument to the finger, the operators thus producing every expression of the face,—of laughter, scorn, astonishment, etc. The arm was made to move to and fro, under the influence of the electric current, and the lower extremities also. The Medical Commission continued their experiments, the muscular irritability, under the influence of the electric currents, remaining for two hours.

Dr. PANCOAST then referred to the amount of pain inflicted by hanging, citing several instances of persons who had been resuscitated after having been hanged until they were apparently dead,—in each case the statement made was that no pain, whatever was experienced in the hanging.

The lecturer then adverted to an interesting point of medico-legal discussion, as to whether or not, independent of the testimony of witnesses present, and other external signs, there would be found, on examination, such internal evidences as would prove conclusively that a person came to his death by hanging. A dissection was made of the region of the neck, in order to ascertain the amount of injury inflicted by the cord on the subjacent parts. The furrow made by the cord was distinctly marked, embracing the entire neck, excepting the space of an inch under the left ear, over which the knot had been placed. The areolar tissue in the track of the furrow was found dry and compressed. The jugular veins of both sides were found distended with blood; the carotid arteries were empty.

When the incision was made in the cervical region, the sterno-cleido mastoid muscle of the right side bulged into the wound made by the knife, revealing a rupture of the lower portion of the muscle. On examination of the hyoid bone, to which the tongue is attached, it was found fractured on both sides. No injury was sustained by the cartilages of the larynx and trachea. There was no dislocation or fracture of the vertebrae of the neck; the odontoid process of the axis vertebra was intact, neither the transverse nor check ligaments having been ruptured.

On dissecting off the scalp, the vessels supplying it were found much congested, but on the subsequent removal of the calvaria, the membranes covering the brain presented no other than ordinary post mortem appearances. Strange to say, on examination of the proper substance of the brain, there was no congestion apparent, and on making a section to expose the ventricles, no fluid was found present in those cavities. The brain was found to be below the average weight, weighing but two pounds and four ounces avoirdupois.

On opening the cavity of the chest, the lungs presented no other appearance than what might be expected from ordinary post-mortem alterations. On cutting open the pericardium and removing the heart, that organ was found entirely empty, the right as well as the left side going to

show that death was not due to apnoea, which is contrary to what might be expected in examination of persons who have died by hanging. The vena cava both the ascending and descending, were also found empty.

On cutting off the vessels close to their origin, the weight of the heart was found to be nine ounces and six drachms, about the average weight of the heart.

The attention of those present was now directed to the examination of the abdomen.

It had been previously ascertained that the breakfast of the prisoner, which had been taken about two hours and a half before execution, consisted of two soft-boiled eggs, several pieces of bread and butter, and a tincupful of coffee. The stomach being opened, it was found empty, leading to an interesting disclosure—that the function of digestion was not in the least impaired by the mental anxiety to which one would suppose the person was subjected.

The liver was found to be in a normal condition, weighing 3 lbs, 3½ oz. The spleen was very much enlarged, distended with blood, thus perhaps showing that the congestion of the other viscera of the body was relieved by the afflux of blood to this organ; weight of spleen, ten ounces and five drachms.

The kidneys were next examined; these were found to be also much congested. There was found to be considerable difference in the comparative weight of the two kidneys. Weight of right kidney, five ounces, three drachms, and two scruples; weight of left kidney, six ounces, two drachms, and two scruples.

The condition of the bladder was found healthy, not distended, containing only about three ounces of urine.

Dr. PANCOAST, in lecturing to the audience, gave it as his opinion that the individual before him perished simply from shock inflicted on the nervous system, caused by the tension and pressure to which the pneumogastric and phrenic nerves (nerves essential to the function of respiration) were subjected, no injury having been inflicted on the spinal cord, which opinion was substantiated by other distinguished medical gentlemen present. The experiment of Sir BENJAMIN BRODIE was referred to, which was that of tying a cord tightly around the neck of a guinea pig, behind the windpipe, thus not interfering with respiration. After allowing the cord to remain for a short time, it was removed, the guinea pig allowed to run around as before, but the next morning it was found dead, having perished from the injury sustained by its nervous system.

The lecture having now continued for one hour and three quarters, the lecturer completed a thorough examination of the body, called the attention of the profession to witness that here was a man who had died by hanging, yet having no evidence of such, excepting the statement of trustworthy and respectable eye-witnesses, and other external signs, as the furrow made by the rope, yet the other internal evidence, which might be expected in such a case, being absent, there being no fracture or dislocation of the neck, no rupture or other injury of the spinal cord, no in-

jury inflicted on the windpipe, but simply a rupture of the sterno-cleido-mastoid muscle, and fracture of the hyoid bone; thus making a most valuable point with reference to medico-legal discussion.

Calomel in Cholera.

In a lecture on the "*Treatment of Cholera*," delivered at the Royal Victoria Hospital, Netley, and published in the *Lancet*, Deputy-Inspector, General MACLEAN, M. D., has the following remarks on the calomel treatment of cholera:

Calomel has been used to fulfil every indication in turn, according to the peculiar belief of the prescriber. Some give it as a purgative, others as a sedative, not a few "to stimulate the secretions." I have seen it given as a cure for vomiting. Then we have a pretty numerous class who give it for no reason in particular. Calomel is the trump-card in their hands; so, like good whist-players, "when in doubt," as men are apt to be in dealing with cholera, they "play trumps"—they give calomel. I have seen it given in every conceivable way, and for every possible or impossible end: in grain doses every hour, or half hour, and by heroic practitioners, in scruple doses again and again. Calomel is of no use during the stage of collapse; but by-and-by, when the powers of life begin to revive again after the shock is over, the first thing the system has to deal with and to dispose of, is twenty or thirty grains of calomel. What results? Very often vomiting of that "green paint-looking matter," of which I spoke, appears, and you know how hard it is to stop that; or bilious diarrhoea is excited, which soon brings the case to an end. At the best, it disturbs the stomach, and interferes with nutrition. At such a time nature needs the helping hand of the physician, to sustain and assist her in the life-and-death struggle, instead of being searched and goaded by powerful drugs, prescribed no matter with what intention. Called to see a case of cholera a few months ago, I found calomel, in combination with opium, being "poured in" every hour. I ventured respectfully to ask the reason why; the patient being in a state of collapse, the medicine was accumulating in the stomach like water behind a barrier. "What," I asked, "do you expect will be the action of all this calomel when the barrier gives way, when the functions begin to be restored?" The prescriber was not very sure, thought perhaps it might have "a cholagogue action—stimulate the bile." I might have asked, Is it not conceivable that nature will do this herself? And why not stimulate the kidneys as well? Why concentrate all your attention on the bile? Is the biliary more in abeyance than any other secretion? and so on. I do not think these are impertinent questions. I recommend you to put them to yourselves, when you are tempted in moments of doubt to prescribe, as D'ALEMBERT said we sometimes do—using physic as a strong but blind man uses a club in a crowd, hitting friend and foe with equal impartiality.

A Word for Doctors.

Doctors may be thin-skinned—they may be suspicious—they may be envious—they may be quarrelsome, but it would be hard to find one who, in the course of his life, does not perform more than his pro rata of unpaid service to humanity. The world knows nothing of the gratuitous labors of the profession, and it cares still less for them. Sir JAMES EYRE called one morning on a young physician of London, a friend of his just commencing business, and saw his waiting room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer, "but let me tell you a secret. This morning I have seen eight patients. Six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Of all places of business, the office of the doctor is the only one where any considerable number of persons apply without money. No other class of men in the world are expected to give their time and labor at every call, without any regard to compensation. Even the minister of religion has the advantage in this respect; for when he comes at midnight to "shrive the dying," his service is within the purview of a contract, and he knows that his bread is made sure, though it may not always be buttered. The world can never know what doctors do for humanity. These labors mainly belong to the secrets of the profession. In every community and under the professional and friendly supervision of every practitioner, there are families in straitened circumstances, not recognized in society as poor, who are scrupulously correct in their dealings, who pay for every purchase, but whose means are barely sufficient for their support. And where is the physician who would demand a fee from such a family? or who would for a moment think of the want of compensation in prospect, when summoned to their aid? In the Biography of THOMAS HOOD, by S. C. HALL, where we find the anecdote above related, the author remarks: "I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labors without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of 'fees.'" When the writer resided in Philadelphia, he was accustomed to visit the patients of the late Dr. JOHN WILSON MOORE, during the sickness or absence of the latter. On one occasion, Dr. M. in handing him the list, designated a certain family as the object of especial attention. Expecting to encounter a wealthy patron of the doctor's, what was his surprise to find instead, a humble and poverty-stricken household. In conversing on the matter afterwards, Dr. M. remarked: "I have attended that family gratuitously ever since I began practice nearly forty years ago. I have always considered them among my best friends." Not less than four or five thousand dollars, as professional services are estimated, cheerfully bestowed on a single family! And yet this was but one case among many. And what physician but has had the like experience? Such labors are not accounted burthensome, when they are

duly acknowledged. If the sick have no money to give their doctor, his willing services can always be commanded by a reasonable exhibition of gratitude or civility. Unfortunately, by far the larger portion of the free list refuse to pay even in this currency. Hoping for a life of rewards after this, we will let them off forgivingly. But what shall we say of those who have the means and pay grudgingly, or not at all, if they can escape? who always find your bill "steep?" who always insist on an abatement, no matter what the figure? nay, who cheat you out of everything, even when you have consented to an abatement? Is there anything in life which develops the meanness of the human character so fully as the settlement with the doctor? When you have snatched a man from the jaws of death, and he hands you over a pennyweight of gold with an effort that breaks his heart-strings, does he not say, "you have charged me more than my life is worth?" Human nature has not changed since MARTIAL or some one else wrote the piquant epigram, originally in Latin:

"Three faces wears the Doctor: when first sought
An Angel's—and a God's the cure half wrought.
But when, that cure complete, he seeks his fee,
The Devil looks less terrible than he."

—Pacific Med. and Surg. Journal.

The Insane in France.

Interesting Statements Concerning Causes of Insanity.

The Paris *Moniteur* has published a valuable series of statistics relating to the French lunatic asylums and their occupants. At the end of 1860 there were 99 asylums in France, of which 57 were public and 42 private. The number of occupants has gradually increased since 1835, when it amounted to 10,539. In 1840 it had risen to 13,283; in 1845 it was 17,089; in 1850, 20,061; in 1855, 24,896; in 1860, 28,761; and in 1861, 30,239. In the last-mentioned year 26,450 of the patients were insane, 3746 were idiots, and 45 were afflicted with cretinism.

During the six years between 1856 and 1861 51.9 per cent. of the insane were women and 48.1 men. Compared with the population, we find that one out of every 915 men and 1 out of every 839 women is insane; as regards idiocy, there is 1 idiot for every 796 men, and 1 for every 1034 women. (?) Of the 38,988 patients admitted from 1856 to 1860, there are 8250 for whom no particulars could be furnished; and excluding the idiots and the cretins, as also those cases of insanity which were clearly hereditary, the report gives the details of the remaining 26,223 cases. Of these 15,866 may be attributed to physical, and 10,357 to moral causes. Under the first head the cases are classed as follows:—Old age, 2098; misery and destitution, 1008; onanism and venereal excesses, 1026; drinking, 3455; congenital vice, 474; diseases peculiar to women, 1592; epilepsy, 1498; other diseases of the nervous system, 1136; wounds and injuries, 398; various diseases, 2017; other physical causes, 1164.

The moral causes are subdivided as follows:—Overwork, 358; domestic troubles, 2549; loss of fortune, 851; loss of friends, 803; disappointed ambition, 520; remorse, 102; anger, 123; joy, 81; insulted modesty, 60; love, 767; jealousy, 456;

pride, 363; political events, 123; sudden transition from an active to a passive life, and *vice versa*, 82; isolation and solitude, 115; imprisonment, 113; solitary confinement, 26; home sickness, 78; religion, 1095; other causes, 1728. It will be noticed that nearly one-eighth of the cases of insanity are due to drunkenness, and about one-tenth to domestic troubles, whilst excessive mental labor, which is generally supposed to be a fruitful source of insanity, only caused 358 cases out of 26,223.

It would, perhaps be unfair to attempt to draw a comparison between the characters of nations from the number of persons who become insane on a particular point, but we think that statistics of this kind may to some extent, be used in this way. The number of cures effected amounted to 8.24 per cent., the larger proportion being men. Of the 13,687 who were cured, details can only be given of 9789; of these 5253 had become insane from physical causes, and 4536 from moral causes. The average annual cost of the asylums from 1856 to 1860 amounted to 8,000,000 francs.

Alcohol and Tobacco.

The French physicians are running a furious tilt against tobacco, proving by rigid statistics that insanity and various affections especially dependent upon the nervous system, increase in proportion to the consumption of the weed. Meanwhile the English, and not a few American physicians, are recklessly carrying alcohol in the opposite direction, and reinstating it in the position of a universal preservative of health and remedy for disease, which it gained centuries ago as "*aqua vita*." We say they are doing so;—rather let us say, *have been*—for some are already on the back track, and we find in our medical journals, both domestic and foreign, proofs that the profession begin to regard with suspicion and alarm the universal alcoholic medication of the past decade. In ten years more we shall probably have a Saxon crusade against alcohol, similar to that against tobacco which is now popular in France. The wheel which formerly required a hundred years to turn, now turns in twenty. And we hope to see some of our prominent leaders, particularly in Great Britain, opening their eyes to the weighty truth that they have sown the germs of a ghastly crop, when, under the authority of medical science, they restored intoxicating beverages to their fatal supremacy in social and domestic life.—*Practif Med. and Surg. Journal*.

Pension Examining Surgeons.

Illinois.—Dr. H. C. McPHERSON, of Beardstown; CARL RICHMOND, of Bath; DAVID SOLONBERGER, of Havana.

—In accordance with instructions from the War Department, stringent quarantine regulations have been established for the ports of Savannah, Brunswick, and Darien, Ga.

Army and Navy News.

ARMY.

A Board to consist of Brevet Lieut.-Col. A. N. McLaren, Surgeon U. S. Army; Brevet Lieut.-Col. J. F. Head, Surgeon U. S. Army; and Brevet Major E. J. Marsh, Assistant Surgeon, U. S. Army, assembled at West Point, New York, on the 16th inst., to examine into the physical qualifications of the members of the graduating class. On the completion of this duty, a report of the proceedings of the Board will be made to the War Department, and a special report in the case of any individual thought to be wanting in the ability requisite for the military service. The same Board will continue in session until it has examined into the physical condition of all newly appointed cadets, who may present themselves, and will report their proceedings to the War Department. The junior member will act as Recorder of the Board.

ASSIGNED.—Surgeon John E. Summers, U. S. A., to duty as Medical Director, Department of the Cumberland; Brevet Col. Ebenezer Swift, Surgeon, U. S. A., relieved from duty at Louisville, Ky., and assigned to duty as Post Surgeon at Jefferson Barracks, St. Louis, Mo., to report by letter to the Medical Director, Department of Missouri; Brevet Col. D. L. Magruder, Surgeon, U. S. A., relieved from duty as Medical Director, Department of the Platte, and await orders at St. Louis; Brevet Col. R. H. Alexander, U. S. A., relieved from duty in the Department of the Missouri, to report in person to the commanding general department of the Platte, for duty as Medical Director of that Department; Assistant Surgeon Henry McElerry, U. S. A., recently appointed, to temporary duty at Newport Barracks, Ky.; Assistant Surgeon W. Chester Minor, U. S. A., recently appointed, to temporary duty at Fort Columbus, New York Harbor; Brevet Lieut.-Col. J. F. Randolph, Surgeon, U. S. A., released from duty in Department of Missouri, and ordered to report in person to the Surgeon-General, as soon as the Marine General Hospital, of which he is now in charge, is finally closed; Assistant Surgeon George A. Otis, U. S. A., recently appointed, to duty in the office of the Surgeon-General; Assistant Surgeons C. H. Rowe, and C. C. Dunwichee, U. S. A., recently appointed, to duty in the Department of Texas, with the 17th U. S. Infantry.

MISCELLANEOUS.—Assistant Surgeon Benjamin Tappin, United States Volunteers, was murdered on March 22d last, near Cottonwood Springs, Nevada Territory, by the Indians.

NAVY.

ORDERED.—Surgeon S. J. Jones, U. S. N., to duty at the Marine Rendezvous, Chicago, Ill.

DETACHED.—Acting Passed Assistant Surgeon George B. Todd, from steamer *South Carolina*, and on waiting orders; Surgeon E. R. Denby, U. S. N., from U. S. school-ship *Sabine*, and on waiting orders; the order detaching Surgeon B. F. Gibbs from school-ship *Sabine* is revoked.

MARRIED.

BACON—WEAVER.—June 13, by the Rev. Dr. George W. Bacon, Richard S. Bacon, M. D., and Emily Olivia, daughter of the late Joseph Weaver of New York.

BACON—WOOLSEY.—June 7, by the Rev. Dr. Leonard Bacon, of New Haven, assisted by the Rev. Dr. Prentiss, of New York, and the Rev. President Woolsey, of Yale College, Dr. Francis Bacon, of New Haven, and Georgianna Mulron, daughter of the late Charles W. Woolsey of New York.

BELL—TINKER.—At Hartford, Conn., on Tuesday, June 5, by the Rev. G. Spalding, Dr. William O. Bell, of Westfield, Mass., and Sarah M. Tinker of the former place.

BUNTING—HART.—On the 2d inst. by Rev. James G. Shinn, Ross R. Bunting, M. D., of Roxboro', Philadelphia, and Belle, daughter of the late James H. Hart, of Philadelphia.

COOPER—KENNEDY.—June 7, 1866, at St. John's Church, Hagerstown, Md., by the Rev. Henry Edwards, Dr. Lehman A. Cooper, of Baltimore, and Miss Nannie H. Kennedy, of Hagerstown.

CRESSINGER—KELOGG.—May 26th, by Rev. J. L. Lower, Dr. D. B. Cressinger and Miss E. A. Kellogg, both of Upper Sandusky, Ohio.

EICHELBERGER—RICHESTEIN.—On the 24th of April, by the Rev. J. W. H. Williams, Dr. G. S. Eichelberger, of Catonsville, Md., and Miss Lizzie Richestein, of Baltimore.

HOWES—SABIN.—In Rochester, N. Y., on the 7th inst. by Rev. Alfred Yeomans, James Howes and Hannah, youngest daughter of Dr. E. W. Sabin, all of Rochester.

JOHNSON—MATTHESON.—In Paris, France, recently, Dr. William E. Johnson, and Miss Bertha Matteson, of Chicago. Dr. Johnson is the Paris correspondent of the *New York Times*, under the pseudonym of "Manhattan," but better known in France for his abilities as a physician.

MORRIS—CLAUDE.—On the 31st of May, 1866, at St. Anne's Church, Annapolis, Md., by Chaplain Smith, U. S. N., Dr. John Morris, of Ohio, and Miss Sue C. Claude, of Baltimore.

DIED.

BARTLETT.—At the residence of her son, near Deer Park, L. I., on Friday, June 8, Martha, widow of the late Dr. John S. Bartlett, of New York, aged 71 years.

FOX.—At Castine, Me., on the 26th ult., at the residence of her father, Dr. R. H. Bridgman, Mrs. C. Josephine, wife of Edward W. Fox, of Boston, aged 32 years and 3 months.

JANNEY.—In this city, on Tuesday, the 12th inst., Mrs. Lydia O., widow of the late Dr. Benjamin S. Janney, in the 60th year of her age.

ROGERS.—At Shawlands, near Glasgow, Scotland, May 29, 1866, Henry Darwin Rogers, Professor of Natural History in the University of Glasgow, formerly of Philadelphia.

SHEPARD.—In Brooklyn, on Thursday afternoon, June 14, Mary E., wife of Charles H. Shepard, M. D., aged 37 years.

SOUTHWAYD.—At Middletown, Conn., on Sunday, June 10, Sarah E., wife of Samuel Gray Southwayd, M. D., of New York.

OBITUARY.

Prof. Henry Darwin Rogers.

On the 29th ult. Prof. H. D. ROGERS, the famous geologist, died at his residence, near Glasgow, Scotland, in the 57th year of his age. At the time of his death, and for several years previous, he had held the post of Regius Professor of Natural History in the University of Glasgow, and he had sustained the position with great credit. He was a native of this city, and will be remembered here mainly by his great work on "The Geology of Pennsylvania," on which he was engaged during the most active years of his life. This work is recognized as one of great thoroughness and originality, and ranks, in practical value, with the labors of the ablest geologists of this era. Among Prof. Rogers's other works, are many very important papers contributed to the "Transactions" of the American Philosophical Society, the Boston Society of Natural History, the British Association of Science, the Philadelphia Academy of Natural Sciences, etc. His geological survey of the State of New Jersey is a standard work, and many of his maps and charts are in daily use among scientific men. His death is a severe loss to the scientific world, though his health had not been good from the period when at the age of twenty-one he held the position of Professor of Chemistry and Natural Philosophy at Dickinson College, Carlisle.

Professor Rogers was a member of many learned societies, both in Europe and America, and his scientific brethren will amply honor his memory. We may add, that though representing America in a foreign university for a number of years, his patriotism was fervent, and he was able to maintain and defend the cause of the Union at all times and under all circumstances. —Philadelphia Evening Bulletin.

ANSWERS TO CORRESPONDENTS.

Dr. J. T. Cincinnati, Ohio.—Sent by Express, June 16, Electrotyping Plate.

Dr. J. F. T. Wyand, Ill.—Sent by mail, June 14, Winslow on Brain.

Dr. D. W. J. Kittery, Me.—Sent by mail, June 16th, Pereira's Prescription Book.

Dr. H. H. R., Tyrone, Pa.—Sent by Express, June 16th, one dozen Borden's Extract of Beef.

Dr. L. D. Hellam, Pa.—Sent by Express, June 16th, U. S. Dispensary.

METEOROLOGY.

June,	4.	5.	6.	7.	8.	9.	10.
Wind.....	N. E.	S. E.	S. W.	W.	N. W.	E.	S. W.
Weather.....	Cl'd'y.	Cl'd'y.	Clear.	Clear.	Clear.	Cl'd'y.	Cl'd'y.
Depth Rain.....			Shw'r.				
Thermometer.							
Minimum.....	55°	62°	59°	60°	59°	54°	51°
At 8 A. M.....	65	67	77	72	70	64	62
At 12 M.....	70	81	82	77	77	71	65
At 3 P. M.....	73	81	84	76	72	70	68
Mean.....	65.75	72.75	75.50	71.25	69.50	64.75	61.50
Barometer.							
At 12 M.....	30.	30.	29.9	29.8	29.9	30.2	30.3
Germantown, Pa.							

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